

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

17 569515

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		0		0		
5		0		0		
6		0		0		
7		0		0		
8		0		0		
9		0		0		
10	1		1			
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18		3		3		
19		0		0		
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	20	←	19	←		←
TOTAL CLAIMS	23		22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						